| Island County | ABSENTEE BALLOT APPLICATION | | Voter ID# State ID# | | Ballot Style | Posting Number |
|---|-----------------------------|---------------|---|------------------|----------------------------------|----------------|
| Election Date | | | | | | |
| PRINT - Name & Home Address | | Date of Birth | | Precinct | | |
| | 2. Date of Birth | | Judge's Initials | | | |
| For Primary Use Only - Check Appropriate Box Democratic Republican Public Question Only Other PRINT - Address to mail ballot, if different from home address above | | | I certify that I reside at the address specified, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote by absentee ballot. I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on | | | |
| | | | the date of the election or if retu later than during the period for of following an election day. | | | |
| | | | I understand that this applicatio the election specified in this app absentee ballot or ballots to be | olication and th | nat I must submit a separate app | |
| | | | Under penalties as provided by law pursuant to 10ILCS5/29-10, the undersigned certifies that the statements set forth in this application are true and correct. | | | |

Voter ID#

Instructions:

- Print your name and complete Rock Island County address.
 (If the application is pre-printed, verify that your name and address are correct.)
- 2. Print your date of birth.

 3. In a primary, place an "X" in the box next to which Party's ballot you want. (Democratic, Republican, Public Question only, etc.)

 4. Print the complete address where you want the ballot to be mailed.

- Print your Email Address.
 Print a phone number where you can be reached at if we have any questions.
 Print the date and sign your name.

Rock

7. Date

Signature of Applicant

Absentee Voting By Mail - Absentee Ballot Applications can be accepted beginning not more than 90 days before an election. Ballots will be mailed beginning approximately 30 days before each election.

OFFICE USE ONLY

Mail Absentee Applications to: Rock Island County Clerk's Office 1504 3 Ave. Rock Island, IL 61201

Revised 9/2016